



48th Floor | 333 South Hope Street | Los Angeles, CA 90071-1448  
213-620-1780 office | 213-620-1398 fax | [www.sheppardmullin.com](http://www.sheppardmullin.com)

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Sheppard Mullin at 858-720-8900, ext. 8931**TO:**

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**Telephone No.**From: David E. HeiseyDirect Dial: 858-720-8900Re: Transmittal of Revocation of Power of Attorney with New Power of Attorney And  
Change of Correspondence Address**MESSAGE:** Please see attached.**Certificate of Transmission under 37 CFR 1.8**I hereby certify that this correspondence is being facsimile transmitted  
to the United States Patent and Trademark Office on February 15, 2006.  
David E. Heisey**Transmittal Form****Revocation of Power of Attorney with New Power of Attorney and Change of  
Correspondence Address**Applicants: Yanon VolcaniTitle: SYSTEM AND METHOD FOR DETERMINING AND CONTROLLING THE IMPACT  
OF TEXTSerial No: 10/639,143Filed: 08/11/2003Examiner: UnknownGroup Art Unit: UnknownFee: \$0.00Our Docket No.: 11CF-121919Date Faxed: 02/15/06Client: VolcaniDate Due: 02/15/06Atty/Sec.: Heisey/Stillings

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**TRANSMITTAL  
FORM**

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Total Number of Pages in This Submission

2

Application Number

10/639,143

Filing Date

08/11/2003

First Named Inventor

YANON VOLCANI

Art Unit

Unknown

Examiner Name

Unknown

Attorney Docket Number


11CF-121919

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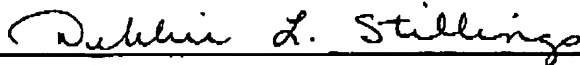
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	SHEPPARD MULLIN RICHTER & HAMPTON		
Signature			
Printed name	DAVID E. HEISEY		
Date	FEBRUARY 14, 2006	Reg. No.	42,651

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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/639,143
	Filing Date	08/11/2003
	First Named Inventor	Yanon Volcani
	Art Unit	UNKNOWN
	Examiner Name	UNKNOWN
	Attorney Docket Number	11CF-121919

I hereby revoke all previous powers of attorney given in the above identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: **30764**

☒ Please change the correspondence address for the above identified application to:

☒ The address associated with  
Customer Number:

**30764**

OR

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Address			
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/BB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Yanon Volcani		
Date	2/15/06	Telephone	358/464-6484

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required, one per form.

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